| PATENT APPLICATION FEE DETERMINATION RECO   |                     |  |   |                        |                                       |                   |        | ication or Docket Number |                        |          |                                       |                        |   |
|---|---------------------|--|---|------------------------|---------------------------------------|-------------------|--------|--------------------------|------------------------|----------|---------------------------------------|------------------------|---|
|   | PATENT              | RD                                       | 09842896                                |                        |                                       |                   |        |                          |                        |          |                                       |                        |   |
|   |                     |  | S FILED - PART I<br>(Column 1) (        |                        |                                       | (Column 2)        |        | SMALL ENTITY TYPE        |                        | OR       | OTHER THAN<br>SMALL ENTITY            |                        |   |
| TOTAL CLAIMS  |                     |  | 9.                                      |                        |                                       |                   |        | RATE                     | FEE                    | 1        | RATE                                  | FEE                    | ı |
| FOR   |                     |  | NUMBER FILED                            |                        | NUMBER EXTRA                          |                   | ı      | BASIC FEE                | 355.00                 | OR       | BASIC FEE                             | 710.00                 |   |
| TOTAL CHARGEABLE CLAIMS   |                     |  | 9-minus 20=                             |                        | ·                                     |                   |        | X\$ 9=                   |                        | OR       | X\$18=                                |                        |   |
| INDEPENDENT CLAIMS  |                     |  | ) - minus 3 =                           |                        | Ø                                     |                   |        | X40=                     |                        | OR       | X80=                                  |                        |   |
| ML  | ILTIPLE DEPEN       | IDENT CLAIM P                            | RESENT                                  |                        |                                       |                   |        | +135=                    |                        |          |                                       |                        |   |
| • If  | the difference      | in column 1 is                           | less than zero, enter "0" in            |                        |                                       | column 2          | l      | TOTAL                    |                        | OR<br>OR |                                       | 210.                   | 7 |
| N   | nd fills            |  | AMENDED - PART II (Column 2) (Column 3) |                        |                                       |                   |        | SMALL                    | ENTITY                 | <b>.</b> | OTHER                                 | THAN                   | ľ |
|   |                     | (Column 1)<br>CLAIMS                     |   | HIGH                   |                                       | (Column 3)        | r      | SMALL                    | ADDI-                  | OR<br>1  | SMALL                                 |                        |   |
| AMENDMENT A   |                     | REMAINING<br>AFTER<br>AMENDMENT          |   | NUM<br>PREVIO<br>PAID  | DUSLY                                 | PRESENT<br>EXTRA  |        | RATE                     | TIONAL                 |          | RATE                                  | ADDI-<br>TIONAL<br>FEE |   |
|   | Total               | . 12                                     | Minus                                   | · 7                    | 0                                     | =                 |        | X\$ 9=                   |                        | OR       | X\$18=                                |                        |   |
|   | Independent         | · V                                      | Minus                                   | *** '                  | 3                                     |                   | Ī      | X40=                     |                        | OR       | X80=                                  |                        |   |
|   | FIRST PRESE         | NTATION OF M                             | JLTIPLE DEF                             | PENDENT                | CLAIM                                 |                   | ı      | +135=                    |                        | OR       | +270=                                 |                        | • |
|   |                     |  |   |                        |                                       |                   | Ļ      | TOTAL                    |                        |          | TOTAL                                 |                        |   |
|   |                     | (Column 1)                               |   | (Colur                 | nn 21                                 | (Column 3)        | 4      | DOIT. FEE                |                        | OR       | ADDIT. FEE                            |                        |   |
| <b>5</b> l  | •                   | CLAIMS                                   |   | HIGH                   | EST                                   |                   | Г      |                          | ADDI-                  |          | · · · · · · · · · · · · · · · · · · · | ADDI-                  |   |
|   | وه<br>معاد ما سد ده | REMAINING<br>AFTER<br>AMENDMENT          |   | NUM<br>PREVIO<br>PAID  | DUSLY                                 | PRESENT<br>EXTRA  |        | RATE                     | TIONAL<br>FEE          |          | RATE                                  | TIONAL<br>FEE          |   |
|   | Total               | •  | Minus                                   | **                     |                                       | =                 |        | X\$ 9=                   |                        | OR       | X\$18=                                |                        |   |
|   | Independent         | *  | Minus                                   | ***                    |                                       | 3                 | Ī      | X40=                     |                        | OR       | X80=                                  |                        |   |
| _   | FIRST PRESE         | NTATION OF MU                            | JLTIPLE DEP                             | ENDENT                 | CLAIM                                 |                   |        | +135=                    |                        | OR       | +270=                                 |                        |   |
|   |                     |  |   |                        |                                       |                   | L      | TOTAL                    |                        | l        | TOTAL                                 |                        |   |
|   |                     |  |   |                        |                                       | / <b>a</b>        | A      | DDIT. FEE                |                        | OR       | ADDIT. FEE                            |                        |   |
|   |                     | (Column 1)<br>CLAIMS                     |   | (Colur<br>HIGH         |                                       | (Column 3)        |        |                          |                        |          | •                                     |                        |   |
| AMENDMENT C   |                     | REMAINING<br>AFTER<br>AMENDMENT          |   | NUMI<br>PREVIO<br>PAID | DUSLY                                 | PRESENT<br>EXTRA  |        | RATE                     | ADDI-<br>TIONAL<br>FEE |          | RATE                                  | ADDI-<br>TIONAL<br>FEE |   |
|   | Total               | •  | Minus                                   | **                     | · · · · · · · · · · · · · · · · · · · | =                 |        | X\$ 9=                   | 1 66                   | OR       | X\$18=                                | ,                      |   |
| 2   | Independent         | •  | Minus                                   | ***                    |                                       | =                 | 十      | X40=                     |                        |          | X80=                                  |                        |   |
|   | FIRST PRESE         | NTATION OF M                             | JLTIPLE DEF                             | ENDENT                 | CLAIM                                 |                   |        | 7.77                     |                        | OR       | 700=                                  |                        |   |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |                     |  |   |                        |                                       |                   |        |                          |                        | OR       | +270=                                 |                        |   |
| ••  | If the "Highest Nu  | mber Previously Pa<br>mber Previously Pa | iid For IN THIS                         | S SPACE I              | s less tha                            | n 20, enter "20." | A      | TOTAL<br>DDIT. FEE       |                        | OR       | TOTAL<br>ADDIT, FEE                   |                        |   |
|   |                     | ber Previously Pai                       |   |                        |                                       |                   | r four | nd in the app            | ropriate box           | in col   | umn 1.                                |                        | ı |